

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	✓
J.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS 1
OPERATOR	1
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Superseding Old C-104 and C-110
Effective 1-1-65

RECEIVED

JUL 30 1979

I. Operator
HNG Oil Company ✓
Address
P.O. Box 2267, Midland, Texas 79702
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Pardue 34 Com.	Well No. 1	Pool Name, including Formation Atoka Atoka	Kind of Lease State, Federal or Fee	Lease No. -
Location Unit Letter H ; 2310 Feet From The North Line and 660 Feet From The East Line of Section 34 Township 23S Range 28E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 2297, Midland, Texas 79702					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 34	Twp. 23S	Rge. 28E	Is gas actually connected? No	When will it be connected? 2-3-80

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		X	X					
Date Spudded 4-28-79	Date Compl. Ready to Prod. 6-27-79	Total Depth 13,050	P.B.T.D. 13,009					
Elevations (DF, RKB, RT, GR, etc.) 3035' GR	Name of Producing Formation Atoka	Top Oil/Gas Pay 11,756	Tubing Depth 11,060'					
Perforations 11,756 - 11,772	Depth Casing Shoe 13,050'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		516'		625			
12-1/4"	9-5/8"		2550'		1750			
8-1/2"	7"		11,236'		1275			
6-1/8"	4-1/2" Liner		13,050'		330			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 2750	Length of Test 24 hours	Bbls. Condensate/MMCF 12	Gravity of Condensate 46.5
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 5230	Casing Pressure (shut-in) Packer	Choke Size 10/64"

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Betty A. Gildon
(Signature)
Regulatory Clerk
(Title)
July 27, 1979
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 2 1979
BY W. A. Gussett
TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.